PTO/SB/06 (08-03)

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OCT 1 8 2004

PADEMARY RADEMARY PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10/722,188 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE BASIC FEE 770 (37 CFR 1.16(a)) OR TOTAL CLAIMS 29 9 x \$ 18 = 162 (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS -0x = 86 =(37 CFR 1.16(b)) 0 3 minus 3 = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT -0-(37 CFR 1.16(d)) OR 932 TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0 in column 2. OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) **SMALL ENTITY** SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING **PRESENT** RATE NUMBER ADDI-RATE ADDI-**PREVIOUSLY EXTRA** TIONAL TIONAL ENDMENT **AFTER** FEE AMENDMENT PAID FOR FFF Total (37 CFR 1.18(c)) Minus 7 18= 29 126 36 OR Independent (37 CFR 1.16(b)) Minus 3 6 3 88= 264 X S OR ¥ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) -0-OR TOTAL TOTAL 390 OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\mathbf{\omega}$ REMAINING PRESENT RATE NUMBER ADDI-RATE ADDI-TIONAL EN **PREVIOUSLY EXTRA** TIONAL **AFTER** AMENDMENT PAID FOR FEE FFF Total (37 CFR 1.16(c)) Minus ENDM OR Independent (37 CFR 1.16(b)) Minus = X \$ OR X \$ = ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** PREVIOUSLY TIONAL AFTFR TIONAL AMENDMENT PAID FOR FEE FEE ENDME Total Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.18(b)) Minus X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "0 in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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